

19th March 2025

10am	Welcome & Introductions
10.15 - 10.45am	Southampton Smokefree Solutions update: <ul style="list-style-type: none">• Training• No Smoking Day 2025• Data• ASH Inequalities Dashboard• Nicotine Pouches
10.45 - 11.10am	Sharing good practice across organisations
11.10 - 11.30am	Open discussion



**Southampton
Smokefree
Solutions**

Supporting local health
and care providers

Training

Level 2 Stop Smoking Practitioner Training

- **4th April**
- **13th June**

9am – 4.30pm via MS Teams

- Interactive training
- Concentrates on skills required to deliver the smoking cessation service
- 1 day

Builds upon the NCSCT practitioner training which can be accessed at:

<https://elearning.ncsct.co.uk/england>

1. Practitioner Training: Core competences in helping people stop smoking (Learning element)
2. Assessment of core knowledge and key practice skills (Assessment)

Training: Masterclass



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- **3rd April: Varenicline & Cytisine**
- **10th April: Running Groups**
- **17th April: Vaping**
- **24th April: Complex scenarios**
- **5th June: Managing Expectations**
- **12th June: NRT**
- **19th June: Smoking cessation data requirements**

1 – 2pm via Teams

Interactive, informal bite sized sessions to keep you updated

You will automatically be sent the link



Training



Very Brief Advice (VBA) training

- Tuesday 25th March 9.30am - 12.30pm
- Tuesday 13th May 9.30am - 12.30pm
- Thursday 10th July 1.30pm - 4.30pm

VBA encourages those who come into contact with smokers to confidently ask smoking status, advise on support available locally and act by referral to stop smoking support.

Aim to train all staff in all organisations.

Training

Very Brief Advice (VBA) training

Bespoke sessions

- Convenient
- Either f2f or online

131 so far this year!

Training booking



**Southampton
Smokefree
Solutions**

Supporting local health
and care providers



All training is free to all for those working in Southampton



Online via MS Teams or f2f



Booking can be made via the form at
<https://form.jotform.com/222122139902345>

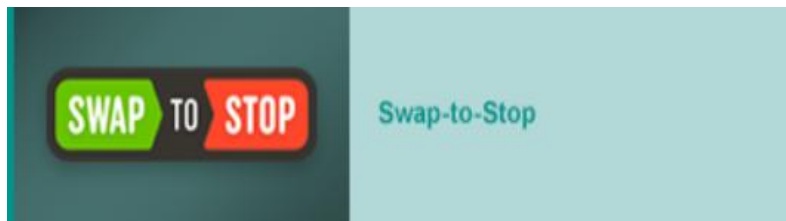
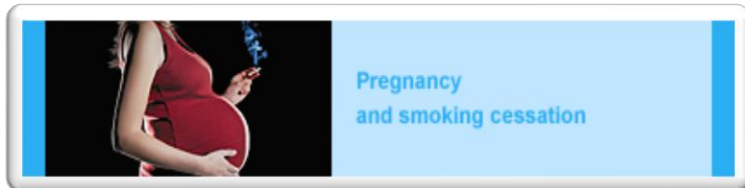


Bespoke sessions are available: we can attend team meetings, TARGET events etc

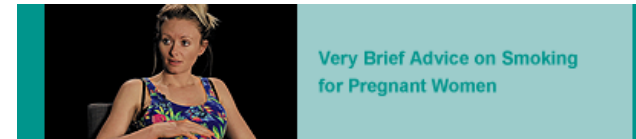
NCSCT

<https://elearning.ncsct.co.uk/england>

Specialty Modules: Pregnancy & MH



Additional Modules



Annual Survey

Your Feedback please



<https://forms.gle/vUmno5AjT3BBmMro6>

Quitline

0800 999 1485

- Weekend/ eve
- Telephone support
- Professional support
- Triage and referral to you



**Have you heard
about Quitline?**

Bassett Pharmacy,
19 Burgess Road,
SO16 7AP

*Bassil Pharmacy,
55A Bedford Place,
SO15 2DT
*(polish, hindi, romanian, arabic, french,
urdu, spanish, somali languages available)*

Bitterne Pharmacy,
62A West End Road,
SO18 6TG

Burgess Road Pharmacy,
357A Burgess Road,
SO16 3BD

Highfield Pharmacy,
29 University Road,
SO17 1TL

Lordswood Day Lewis,
398 Coxford Road,
SO17 2NF

*Millbrook Pharmacy,
168 Windermere Avenue,
SO16 9GA
(polish language available)

Nightingale Pharmacy,
67 New Road,
Netley Abbey,
SO31 5BN

*Pharmacy Direct,
18 Commercial Street,
SO18 6LW
(romanian language available)

Portswood Day Lewis,
195 Portswood Road,
SO17 2NF

Regents Park Pharmacy,
61 Regents Park Road,
SO15 8PF

Sangha Pharmacy,
48 Thornhill Park
Road,
SO18 5TQ

*Shirley Pharmacy,
17 Grove Road,
SO15 3HH
*(urdu, russian, latvian, punjabi language
available)*

Superdrug Woolston,
15/17 Victoria Road,
SO19 9DY

Telephone House
Pharmacy,
71 High Street,
SO14 2NW

Well Pharmacy
326 Hinkler Road,
SO19 6DF

Better Health Smoke free

NHS

“Since quitting, I’ve got more energy to keep up with the kids.”

March 12 Take back your life this No Smoking Day.

Get your free personal quit plan now.



Better Health Smoke free

NHS

“Since quitting, I’m enjoying cooking more as my sense of taste has improved.”

March 12 Take back your life this No Smoking Day.

Download the free NHS quit smoking app now.



Better Health Smoke free

NHS

No Smoking Day 2025

“Since quitting, I’ve started playing football with my mates again.”

March 12 Take back your life this No Smoking Day.

Search Better Health quit smoking for free quitting support.



Better Health Smoke free

NHS

“Since quitting, I’ve got extra money to put towards a trip away.”

March 12 Take back your life this No Smoking Day.

Search Better Health quit smoking for free quitting support.



Southampton Quarterly Data Return

- Please include data of all service-users who have been receiving an evidence-based smoking cessation intervention (support to stop smoking NOT vaping)
- Please include all service-users who set a quit date during the quarter regardless of the outcome
- All service-users who set a quit date should be followed up at 4 weeks and the outcome recorded on the spreadsheet.
- The 4-week outcome can be recorded during the period - 4 weeks post quit date (minus 3 days or plus 14 days). The outcome must be recorded as either:
 - a) Quit (CO verified. Below 10ppm is counted as a non-smoker)
 - b) Quit (self-reported)
 - c) LTFU (you have been unable to reach the client to ascertain an outcome)
 - d) Not quit

- There should be no ‘in progress’ clients as all clients who are receiving an evidence-based smoking cessation intervention will be followed up at 4 weeks.
- The excel spreadsheet has been formatted so that the options are already pre-populated in each column. This is an exact match to the requirements from NHS Digital.
- The 4-week success rate (CO verified) should generally be **above 40%**. The self-reported 4- week success rate should generally be **above 50%**. This is calculated by dividing the quit outcome with the total number who set a quit date.

Latest NHS Digital Data

April - September 2024



Data submitted up to Q2 2024/25 shows there were 105,954 attempts to quit smoking using stop smoking services (SSS). Of these, 57,472 (54.2%) people successfully quit based on self-reported outcomes.

Of those successfully quitting, 11.8% had their results confirmed by Carbon Monoxide verification



**Combination nicotine replacement therapies
was the most popular stop smoking aid
used in quit attempts up to Q2 2024/25**

**Accounting for 38,206 (36.1% of all) quit
attempts and achieving a 53.9% success rate.**

Nicotine vapes accounted for 18,935 (17.9% of all) quit attempts,
achieving a 60.7% success rate

Single nicotine replacement therapy accounted for 17,783 (16.8% of
all) quit attempts, achieving a 56.2% success rate

Southampton data Q3

Nos SAQD:
514

Nos 4WQ:
230

4WQR:
45%

ASH Inequalities Dashboard January 2025

- https://ashresources.shinyapps.io/inequalities_dashboard/



51.3% of adults 18+ with serious mental illness in Southampton smoke.



81.4% of adults 18+ admitted to treatment for alcohol or non-opiate misuse in Southampton smoke.



85.1% of adults 18+ admitted to treatment for opiate misuse in Southampton smoke.



14.2% of adults 18+ in Southampton smoke, which is about 29.3k people. In the South East overall, the proportion is 10.6%



23.2% of adults aged 18-64 in routine and manual occupations in Southampton smoke.



24.0% of adults 18+ with long-term mental health conditions in Southampton smoke.

POVERTY AND UNEMPLOYMENT

In **England**, **21.7%** of people living in the most deprived ten percent of local authorities smoke, compared with **6.2%** of those living in the least deprived ten percent of neighbourhoods.

It is estimated that **25.8%**



of all smoking households in **the South East** fall below the poverty line after smoking expenses are taken into account.

In **Southampton** this would represent **5.44k** households.

Smoking has a significant negative effect on individual earnings and employment prospects. Nationally, current smokers are 5% less likely to be employed than non-smokers and long-term smokers are 7.5% less likely to be employed.

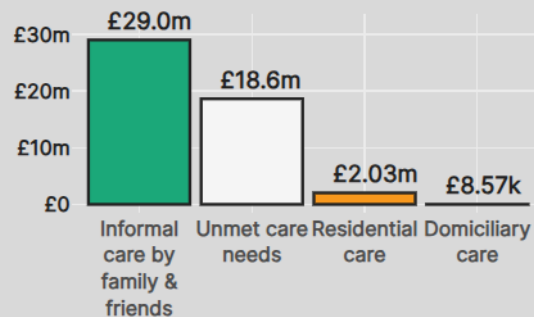
About **1.26k** people in **Southampton** are estimated to be out of work due to smoking.

SOCIAL CARE

Smoking greatly increases a person's chances of needing social care. Smokers are 2.5 times more likely to need care support at home and need care on average 10 years earlier than non-smokers.

In **Southampton** smoking-related ill health means social care is being provided informally by friends and family for about **3.43k** people. Smoking-related ill health causes unmet care needs for about a further **1.13k** people.

In **ASH** modelling, the total estimated costs of smoking-related care needs in **Southampton** are **£49.7m** broken down below:



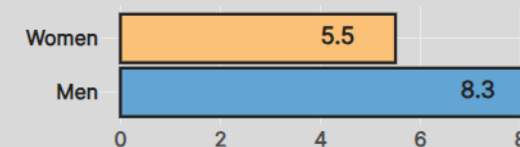
MORTALITY

Smoking is the leading cause for the gap in life expectancy between the rich and poor. About half of all lifelong smokers will die prematurely, losing an average of ten years of life.

Around **280** people in **Southampton** die each year due to smoking.

Around **1.56k** total years of life are lost due to smoking in **Southampton** each year.

Below is the number of extra years a man or woman born in the least deprived areas of **Southampton** is expected to live, compared with one born in the most deprived areas. Half of this difference in life expectancy is thought to be due to smoking.



CHILDREN

About **14.7k** children in **Southampton** live in smoking households.

Each year around **530** children in **Southampton** start smoking.

Children whose caregivers smoke are more than twice as likely to have tried cigarettes and four times more likely to regularly smoke. Two thirds of those trying one cigarette will go on to become daily smokers, at least temporarily.

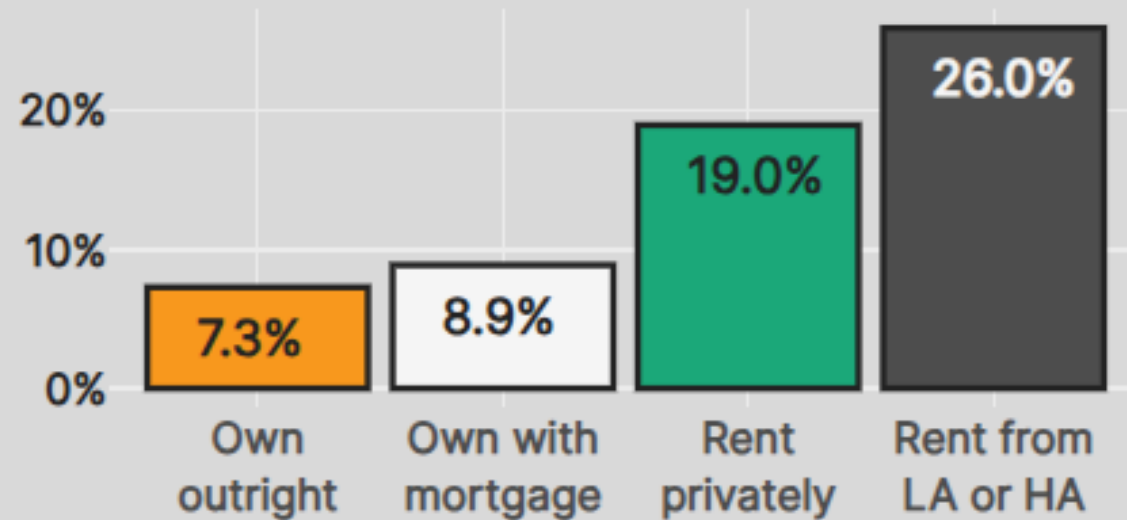
PREGNANCY

Smoking in pregnancy is the single biggest modifiable risk factor for miscarriages, stillbirths, premature birth and birth defects. Pregnant women in the most deprived areas of England are over five times as likely to smoke than those in the least deprived areas. Younger women are more likely to smoke while pregnant.

In 2022/23, **221** women in **the South East** smoked at the time of delivery, which is **8.9%** of women who gave birth.

HOUSING

Nationally, smoking rates in people living in social housing are double the average. The chart below shows the percentage of the population in **England** who are smokers, by housing type.





Nicotine Pouches

- Tobacco-free nicotine pouches are small sachets that contain a nicotine extract which the user places between the lip and gum, allowing nicotine to dissolve and be absorbed in the oral cavity and enter the bloodstream
- Some of the brand names for nicotine pouches sold in the UK are Velo, Lyft, Zyn or Nordic Spirit, Klint, ViD, Loop
- At present nicotine pouches are primarily manufactured by large tobacco companies such as British American Tobacco, Japan Tobacco International, Imperial Brands and Philip Morris International

Are nicotine pouches recommended as an aid to stop smoking?

- No. Due to a lack of evidence of effectiveness
- We know the best way to quit smoking is a combination of expert support and a first line stop smoking medication such as combination NRT/ Cytisine/ Varenicline or nicotine-containing vape.

First choice stop smoking aids	OR (95% CI)	4-week quit rates SSS
Combination NRT (patch plus fast-acting NRT product) ^{23,94,95}	1.93 (1.61–2.34)	56%
Nicotine vapes ^{23,96}	2.37 (1.73–3.24)	63%
Nicotine analogue medications Varenicline ^{23,97} Cytisine ²³	2.33 (2.02–2.68) 2.21 (1.66–2.97)	59%
Second choice stop smoking aids		
Single NRT product ^{23,94,95} Patch alone Fast-acting NRT alone	1.55 (1.49–1.61) 1.37 (1.20–1.53) 1.41 (1.29–1.55)	43%
Bupropion ^{23,98}	1.43 (1.26–1.62)	–

Several types of smokeless tobacco products

The term smokeless tobacco covers a wide range of tobacco-containing products that are not smoked but rather may be chewed, inhaled or placed in the mouth.

- **Chewing tobacco:** Coarsely chopped tobacco that is placed between the cheek and lower gum.
- **Snus:** A type of moist powdered tobacco (pasteurised and air-cured tobacco) that is sold as either a loose powder or pre-packaged in small sachets. Snus is placed between the lip and gum where nicotine dissolves in saliva and enters the blood stream. It contains ground tobacco, salt and may contain food-grade smoke aroma flavourings. Snus originates from Sweden. However, it is banned for sale in the UK and Europe.
- **Snuff and nasal tobacco:** A type of tobacco made of finely ground or shredded tobacco leaves that may have different flavours or scents and comes in moist or dry form. Moist snuff is placed between lip and gum. Dry snuff is absorbed through the nasal cavity.
- **Dissolvable:** Dissolvable tobacco products are powdered tobacco pressed into shapes, such as tablets, sticks or strips. Some contain sweeteners or flavoring and may look like candy. The pressed tobacco is chewed or held in the mouth until it dissolves. This type of smokeless tobacco is currently banned for sale under the Tobacco and Related Products Regulations (TRPR).

What are the health risks associated with smokeless tobacco?

- Like cigarette smoking, smokeless tobacco poses a significant risk to oral and general health. Smokeless tobacco use has been shown to increase the risk for periodontal diseases, oral lesions and is a well-established risk factor for oropharyngeal cancers.
- Evidence also suggests a strong association between some Smokeless Tobacco Products use and increased risk of ischaemic heart disease, stroke and adverse perinatal outcomes.
- Some smokeless tobacco use has been linked to a range of oral problems that include tooth staining and wear, periodontal disease, bad breath (halitosis) and tooth loss.
- Because there is no inhalation of smoke, the risks to general health are not as significant and wide-ranging as from smoked tobacco.



Snus (pre-packaged)



Snus (loose)



Nicotine pouches

Some pouches contain tobacco and some do not. How do we tell the difference?

- There can be confusion between traditional snus (tobacco-containing) and nicotine pouches (tobacco-free products) as both come in small sachets sold in tins which are placed between the lip and gum.
- While the products may be similar in appearance, they should be considered two distinct products with one containing tobacco and the other containing nicotine but no tobacco. As a tobacco product, traditional snus is regulated differently, has a different risk profile and cannot be legally sold in the UK.

What is betel quid, paan or gutka?

These are the smokeless tobacco used in South Asian and Somali communities.

Like other forms of chewing tobacco their use increases the risk of mouth and oesophageal cancer. These products are harmful even without tobacco.

Paan masala is a mixture that can include betel leaves, tobacco, sweetened rose petals paste, sugar, fennel seeds, dry dates, cardamom, clove, coriander seeds, herbs and amla.

Betel quid, paan and gutka Betel quid and paan contain a mixture of ingredients, including betel nut (also called areca nut), herbs, spices and often tobacco, wrapped in a betel leaf that are chewed. Their use is widespread in Southeast Asia, Micronesia, Island Melanesia, and South Asia. Gutka is a pre-packaged tobacco-containing product.



What about hookah, shisha (waterpipe) use?

- Hookah (also known as shisha or waterpipe) are used to smoke tobacco that comes in different flavours
- It is a traditional form of tobacco used in Eastern Mediterranean countries but has become popular globally.
- Many people wrongly perceive waterpipe smoking as less harmful than smoking because of the perception that water filters out the harmful substances in the smoke. However, they are considered to be similarly as harmful as smoking cigarettes and lead to many of the same health effects.
- Like cigarette smoke, waterpipe smoke contains metals, carbon monoxide and cancer-causing chemicals. Their use increases risk of cancer, including oral and esophageal cancer, heart disease, respiratory problems and gum disease. Some shisha mixes do not contain tobacco but are still harmful because of the smoke.



Heated tobacco products such as IQOS?

- These devices heat actual tobacco which means they are considered a tobacco product and have a totally different risk profile to vapes.
- The tobacco is heated rather than burned, creating emissions which when inhaled mimic the experience and taste of smoking. They heat a small plug of tobacco (often contained in a 'pod' or stick that looks like a very small cigarette) to below 300° C, producing an inhalable vapour.
- Use of heated tobacco products in the UK is relatively low. At present there is insufficient evidence to reach a conclusion on safety and risk to health; however, available research has found users are exposed to toxicants at substantially lower levels than from cigarettes.
- Given the lack of research, current guidance does not advise on the use of heated tobacco products for quitting

